

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	9					
Total Depend	134					
Total Claims	143					

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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89						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						

207 4

CLAIMS ONLY							Application Number 09/724531		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1b 1							51					
1b 2							52					
1b 3							53					
1b 4							54					
1b 5							55					
1b 6							56					
1b 7							57					
1b 8							58					
1b 9							59					
1b 10							60					
1b 11							61					
1b 12							62					
1b 13							63					
1b 14							64					
1b 15							65					
1b 16							66					
1b 17							67					
1b 18							68					
1b 19							69					
1b 20							70					
1b 21							71					
1b 22							72					
1b 23							73					
1b 24							74					
1b 25							75					
1b 26							76					
1b 27							77					
1b 28							78					
1b 29							79					
1b 30							80					
1b 31							81					
1b 32							82					
1b 33							83					
1b 34							84					
1b 35							85					
1b 36							86					
1b 37							87					
1b 38							88					
1b 39							89					
1b 40							90					
1b 41							91					
1b 42							92					
1b 43							93					
1b 44							94					
1b 45							95					
1b 46							96					
1b 47							97					
1b 48							98					
1b 49							99					
1b 50							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

309 31

CLAIMS ONLY							Application Number 09/1224531		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
20 1							2 51					
20 2							2 52					
20 3							2 53					
20 4							2 54					
20 5							2 55					
20 6							2 56					
20 7							2 57					
20 8							2 58					
20 9							2 59					
2 10							2 60					
2 11							2 61					
2 12							2 62					
2 13							2 63					
2 14							2 64					
2 15							2 65					
2 16							2 66					
2 17							2 67					
2 18							2 68					
2 19							2 69					
2 20							2 70					
2 21							2 71					
2 22							2 72					
2 23							2 73					
2 24							2 74					
2 25							2 75					
2 26							2 76					
2 27							2 77					
2 28							2 78					
2 29							2 79					
2 30							2 80					
2 31							2 81					
2 32							2 82					
2 33							2 83					
2 34							2 84					
2 35							2 85					
2 36							2 86					
2 37							2 87					
2 38							2 88					
2 39							2 89					
2 40							2 90					
2 41							2 91					
2 42							2 92					
2 43							2 93					
2 44							2 94					
2 45							2 95					
2 46							2 96					
2 47							2 97					
2 48							2 98					
2 49							2 99					
2 50							2 100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

4174

CLAIMS ONLY							Application Number 09724531		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
301							51					
302							52					
303							53					
304							54					
305							55					
306							56					
307							57					
308							58					
309							59					
310							60					
311							61					
312							62					
313							63					
314							64					
315							65					
316							66					
317							67					
318							68					
319							69					
320							70					
321							71					
322							72					
323							73					
324							74					
325							75					
326							76					
327							77					
328							78					
329							79					
330							80					
331							81					
332							82					
333							83					
334							84					
335							85					
336							86					
337							87					
338							88					
339							89					
340							90					
341							91					
342							92					
343							93					
344							94					
345							95					
346							96					
347							97					
348							98					
349							99					
350							100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					